

Date: _____

Space Reserved for Insurance
Department Use

**OTHER THAN WORKERS' COMPENSATION
LOSS COST FILING DOCUMENT COVER FORM**

**INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS**

1. INSURER NAME _____
ADDRESS _____

2. PERSON RESPONSIBLE FOR FILING _____
TITLE _____ TELEPHONE # _____
3. INSURER NAIC # _____
4. LINE OF INSURANCE _____
5. ADVISORY ORGANIZATION _____
6. PROPOSED RATE LEVEL CHANGE _____ % EFFECTIVE DATE _____
7. PRIOR RATE LEVEL CHANGE _____ % EFFECTIVE DATE _____
8. ATTACH "NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION" (Use the above document separately for each insurer elected loss cost multiplier.)